

FILED DEC 14 1948 149

State File No. ....

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 4926

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Hours (Specify whether  
In this community 45 Years years, months or days)

3. (a) PRINT  
FULL NAME

Mrs. Lola French

3. (b) If veteran,  
name war X

3. (c) Social Security No.  
X

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Charles French 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Jan. 13, 1900  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 10 18 br. min.

9. Birthplace Okla.  
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

12. Name George Robertson  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Belle Campbell  
15. Birthplace Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles French  
(b) Address 1207 Quindaro K.C., KS.  
Removal (b) Date thereof 12-2-48  
(City or town) (County) (State)  
17. (a) Wyandotte Co., Kans. (b) Date thereof 12-2-48  
(City or town) (County) (State)  
(c) Place: burial or cremation Chapel Hill Cemetery

18. (a) Signature of funeral director STINE & McCLURE  
(b) Address 3235 Gillham Plaza K.C., MO.  
19. (a) 12-2-48 (b) Heroldine Holman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ks. (b) County Wyandotte 998  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1207 Quindaro 2  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1  
year 1948 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Crown 19   to    19  ;  
that I last saw h    alive on    19  ;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic valvular disease Duration   

Due to Chronic valvular disease

Due to   

Other conditions 93  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations    PHYSICIAN     
Underline the cause to which death should be charged statistically.  
Of autopsy no  
History of hypertension

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)     
(b) Date of occurrence     
(c) Where did injury occur?    (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?   

James O. Walker (Specify type of place)  
While at work?    (e) Means of injury     
23. Signature James O. Walker (M. D. or other) Crown  
Address 1400 W. 14th Date signed 12-2-48

JAN 20 1967

JUL 27 1954

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed Robt Reed

Licensed Embalmer No. 3745-

P. O. Address H. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.